

was in place. So we want to kind of start a dance club where all students can go with a game room without any drinking so if they didn't want to dance there is other stuff that they can do that is open until twelve o'clock at night every night. We hire youth, it is run by youth, the money goes right back to the youth, it is not in any business's hands.

So that would be nice to get definitely some money and support from the government for that too, because we can easily go out and get different companies to donate their services, but as far as the funds and stuff it does cost a lot of money to fundraise that, and it is just a lot, especially with the skateboard park where we had to raise \$50,000 for that, and it adds up, and when you keep asking people they are like How much do we have to give? So we feel that is very important.

JONATHAN CUMMINGS: We would just really like to see youth be involved. When youth run their own organizations they accomplish a lot more and they are a lot more connected with what they are doing which is why our mission is both youth and not necessarily have adults run our programs. I am trying—like my group, I run myself now and I see that students that I work with are a lot more involved when it is youth leading them rather than an adult.

TRIBUTE TO DONALD BIEDERMAN

HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. BERMAN. Mr. Speaker, I rise today to honor an outstanding attorney and model citizen, Mr. Donald Biederman who will be saluted tonight by Southwestern University Law School on his appointment as the head of its Entertainment and Media Law Institute. I have been proud to call Don a friend for almost twenty years. He is a man of enormous energy, intellect and integrity, who is an outstanding choice for this position.

As a J.D. and LL.M. recipient from Harvard and New York University Law Schools respectively, Don has enjoyed an illustrious legal career in both the private sector and academia. He first began practicing entertainment law in 1972, when he became the chief legal officer at CBS Inc. From there, he moved to ABC Records Inc., where he served as the Vice President for Legal Affairs and Administration. Prior to starting his most recent position to the private sector, Executive Vice President and General Counsel at Warner/Chapell Music, Don was a partner at the law firm of Mitchell, Silberberg and Knupp.

Throughout his legal career, Don has been a vigilant and outspoken opponent of intellectual piracy. The Record Industry Association of America and Billboard are just two of the many organizations that have honored him for his efforts in this area.

Despite leading a distinguished career in the corporate world, Don has found the time for an equally outstanding tenure in academia. He has taught at such institutions of higher learning as: Pepperdine University School of Law, USC Law Center, the UCLA School of Law, the Anderson School of Management, Vanderbilt, Harvard and Stanford. Prior to assuming his current position at Southwestern, Don was the director of USC's Entertainment Law Institute.

While in academia, Don co-authored Law and Business of Entertainment Industries, a widely-used textbook on Media Law. He also wrote articles for a variety of publications including: the Hastings Communication/Entertainment Law Journal, Entertainment and Sports Lawyer, and the Vanderbilt Journal of Entertainment Law and Practice.

I am proud to be a friend to such an accomplished individual, and it is my distinct pleasure to ask my colleagues to join with me in saluting Professor Donald E. Biederman on his new position as the Director of Southwestern University Law School's Entertainment and Media Law Institute. Southwestern could not have chosen a finer individual.

THE HIGH COST OF PRESCRIPTION DRUGS AND THE IMPORTANCE OF GENERIC MEDICINES

HON. THOMAS H. ALLEN

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. ALLEN. Mr. Speaker, I rise to speak about the importance of generic drugs and competition in the pharmaceutical market. This year, as in the past, brand drug manufacturers are asking Congress to support legislation that will extend patents on their most profitable medicines. The most profitable industry in the world is asking Congress for permission to continue gouging consumers, especially seniors and the uninsured.

The most notable bills now before us are S. 1172 and H.R. 1598, commonly known as the "Claritin" bills. Claritin's manufacturer, Schering-Plough is pushing these bills to protect its popular allergy drug, Claritin, and six drugs commonly used by seniors from less costly generic competitors.

Researchers at the University of Minnesota School of Pharmacy estimate high consumer costs if the Claritin bills pass. Americans may be forced to pay an additional \$11 billion for this medicine over the life of the patent extension because more affordable alternatives will be barred from the market. That is an enormous burden to place on consumers, seniors and taxpayers, especially at a time when health costs are escalating.

Fortunately, the Claritin bills are stalled. Unfortunately we expect Schering-Plough and other brand companies to continue to push patent extension bills in years to come, because patents are scheduled to expire on tens of billions of dollars worth of drugs.

For the sake of 15 million seniors who lack adequate prescription drug coverage, we must stop all patent extensions whether they are offered directly, or are couched in supposedly consumer friendly language. Consumer and senior groups throughout the nation oppose these bills. We must too.

INTRODUCTION OF THE COMPREHENSIVE IMMUNOSUPPRESSIVE DRUG COVERAGE FOR TRANSPLANT PATIENTS ACT OF 2000

HON. DAVE CAMP

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. CAMP. Mr. Speaker, today, I introduced the Comprehensive Immunosuppressive Drug Coverage for Transplant Patients of 2000 Act which will help Medicare beneficiaries who have had organ transplants. Every year, over 6,000 people die waiting for an organ transplant. Currently, over 67,000 Americans are waiting for a donor organ.

Given that organs are extremely scarce, Federal law should not compromise the success of organ transplantation. Yet that is exactly what current Medicare policy does, because Medicare denies certain transplant patients coverage for the drugs needed to prevent rejection. Medicare does this in three different ways.

First, Medicare has time limits on coverage of immunosuppressive drugs. Medicare law only provides immunosuppressive drug coverage for three years with expanded coverage totaling 3 years and 8 months between 2000 and 2004. However, 61 percent of patients receiving a kidney transplant after someone has died still have the graft intact five years after transplantation. Nearly 77 percent of patients receiving a kidney from a live donor still have their transplant intact after five years. For livers, the graft survival rate after five years is 62 percent. For hearts, the five year graft survival rate is nearly 68 percent. So many Medicare beneficiaries lose coverage of the essential drugs that are needed to maintain their transplant.

Second, Medicare does not pay for anti-rejection drugs of Medicare beneficiaries, who received their transplant prior to becoming a Medicare beneficiary. So for instance, if a person received a transplant at age 64 through their health insurance plan, when they retire and rely on Medicare for their health care they will no longer have immunosuppressive drug coverage.

Third, Medicare only pays for anti-rejection drugs for transplants performed in a Medicare approved transplant facility. However, many beneficiaries are completely unaware of this fact and how it can jeopardize their future coverage of immunosuppressive drugs. To receive an organ transplant, a person must be very ill and many are far too ill at the time of transplant to be researching the intricate nuances of Medicare coverage policy.

The bill that I am introducing today, the "Comprehensive Immunosuppressive Drug Coverage for Transplant Patients of 2000 Act" would remove these short-sighted limitations. The bill establishes a new, easy to follow policy: All Medicare beneficiaries who have had a transplant and need immunosuppressive drugs to prevent rejection of their transplant, would be covered as long as such anti-rejection drugs were needed.

As Congress considers further improvements to the Medicare program, I urge my colleagues to support this important effort to ensure patients waiting on the organ transplant have access to the anti-rejection drugs that are so needed.